

CREDIT REGISTRATION FORM



WAUBONSEE
COMMUNITY COLLEGE

New students must follow the directions at waubonsee.edu/steps prior to registering.

First name: _____ Preferred name: _____ Middle initial: _____ Last name: _____

X-Number (if applicable) _____ Social Security # _____

Residential address: _____ Check here if new address

City: _____ State: _____ Zip: _____

Primary phone: _____ Cell phone: _____ Work phone: _____

Email address: _____ Birth date: _____

Month/Day/Year

Legal sex: M F Major code (see major codes list): _____

Do you intend to complete a certificate or degree at Waubonsee?: Yes No

Have you attended Waubonsee previously?: Yes No

High School Name and Location: _____

Date of High School or HSE/GED graduation (month and year): _____

Are you Hispanic or Latino?: Yes No

Check one or more of the following race/ethnicity group

- American Indian/Alaska Native Black/African American Native Hawaiian or Pacific Islander Prefer not to answer
 Asian Hispanic or Latino Other/Not Listed White

Of these, what is your primary ethnicity: _____

Highest degree earned

- GED-Completed GED or other HSE AD-Completed Associate Degree MD-Completed Master's Degree PHD-Completed Doctoral Degree
 HS-Completed High School BD-Completed Bachelor's Degree PD-Completed Professional Degree OTH-Other
 CRT-Completed Certificate ND-No Degree Earned

Why are you enrolling at Waubonsee? (choose one)

- Course work for transfer to a four-year college.
 Improve skills needed in present job or to change jobs.
 Prepare for future job/career.
 Perfect or review basic educational or vocational skills.
 Personal interest or self-development.

Ticket No.	Course Ref. # (CRN)	Course Name	Write in time of class							Sem. Hours	Bldg. & Room	Fees
			Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.			

Total Semester Hours
(college credit classes only)

Tuition	
Course Fee	
Student Fee	
Other	
Total fees	
Amount received	

I certify that the above information is correct

X _____
Applicant's signature Date

Note: Payment is due at the time of registration.

- Cash Check VISA MasterCard Discover American Express

Card # _____ Exp. Date: _____ CVV: _____

Billing Address:

Street Address: _____

City: _____ State: _____ Zip: _____

Name printed on card: _____

Authorized Credit Card Signature: **X** _____

MAIL TO:

Registration and Records
Waubonsee Community College
Route 47 at Waubonsee Drive
Sugar Grove, IL 60554-9454

FAX TO: (630) 466-4964
Questions? Call (630) 466-2370

All information provided to Waubonsee Community College will be kept confidential in accordance with the Family Educational Rights and Privacy Act of 1974 (Public Law 93-380) To help protect your privacy, please do not email any forms containing confidential information. Waubonsee will not process any registration form or payment information received via email.